

House File 2301 - Introduced

HOUSE FILE _____
BY UPMEYER

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to health information technology including
2 creating an electronic health information commission.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
4 TLSB 5538YH 82
5 pf/rj/8

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1 1 DIVISION IV
1 2 IOWA HEALTH INFORMATION TECHNOLOGY SYSTEM
1 3 Section 1. NEW SECTION. 8.70 DEFINITIONS.
1 4 As used in this division, unless the context otherwise
1 5 requires:
1 6 1. "Health care professional" means a person who is
1 7 licensed, certified, or otherwise authorized or permitted by
1 8 the law of this state to administer health care in the
1 9 ordinary course of business or in the practice of a
1 10 profession.
1 11 2. "Health information technology" means the application
1 12 of information processing, involving both computer hardware
1 13 and software, that deals with the storage, retrieval, sharing,
1 14 and use of health care information, data, and knowledge for
1 15 communication, decision making, quality, safety, and
1 16 efficiency of clinical practice, and may include but is not
1 17 limited to:
1 18 a. An electronic health record that electronically
1 19 compiles and maintains health information that may be derived
1 20 from multiple sources about the health status of an individual
1 21 and may include a core subset of each care delivery
1 22 organization's electronic medical record such as a continuity
1 23 of care record or a continuity of care document, computerized
1 24 physician order entry, electronic prescribing, or clinical
1 25 decision support.
1 26 b. A personal health record through which an individual
1 27 and any other person authorized by the individual can maintain
1 28 and manage the individual's health information.
1 29 c. An electronic medical record that is used by health
1 30 care professionals to electronically document, monitor, and
1 31 manage health care delivery within a care delivery
1 32 organization, is the legal record of the patient's encounter
1 33 with the care delivery organization, and is owned by the care
1 34 delivery organization.
1 35 d. A computerized provider order entry function that
2 1 permits the electronic ordering of diagnostic and treatment
2 2 services, including prescription drugs.
2 3 e. A decision support function to assist physicians and
2 4 other health care providers in making clinical decisions by
2 5 providing electronic alerts and reminders to improve
2 6 compliance with best practices, promote regular screenings and
2 7 other preventive practices, and facilitate diagnoses and
2 8 treatments.
2 9 f. An error notification function that generates a warning
2 10 when an order is entered that is likely to lead to a
2 11 significant adverse outcome for individuals.
2 12 g. Tools to allow for the collection, analysis, and
2 13 reporting of information or data on adverse events, the
2 14 quality and efficiency of care, patient satisfaction, and
2 15 other health care-related performance measures.
2 16 3. "Interoperability" means the ability of two or more
2 17 systems or components to exchange information or data in an
2 18 accurate, effective, secure, and consistent manner and to use
2 19 the information or data that has been exchanged and includes
2 20 but is not limited to:

2 21 a. The capacity to connect to a network for the purpose of
2 22 exchanging information or data with other users.

2 23 b. The ability of a connected, authenticated user to
2 24 demonstrate appropriate permissions to participate in the
2 25 instant transaction over the network.

2 26 c. The capacity of a connected, authenticated user to
2 27 access, transmit, receive, and exchange usable information
2 28 with other users.

2 29 4. "Recognized interoperability standard" means
2 30 interoperability standards recognized by the office of the
2 31 national coordinator for health information technology of the
2 32 United States department of health and human services.

2 33 Sec. 2. NEW SECTION. 8.71 IOWA ELECTRONIC HEALTH ==
2 34 PRINCIPLES == GOALS.

2 35 1. Health information technology is rapidly evolving so
3 1 that it can contribute to the goal of improving access to and
3 2 quality of health care, enhancing efficiency, and reducing
3 3 costs.

3 4 2. To be effective, the health information technology
3 5 system shall comply with all of the following principles:

3 6 a. Be patient-centered and market-driven.

3 7 b. Be based on approved standards developed with input
3 8 from all stakeholders.

3 9 c. Protect the privacy of consumers and the security and
3 10 confidentiality of all health information.

3 11 d. Promote interoperability.

3 12 e. Ensure the accuracy, completeness, and uniformity of
3 13 data.

3 14 3. Widespread adoption of health information technology is
3 15 critical to a successful health information technology system
3 16 and is best achieved when all of the following occur:

3 17 a. The market provides a variety of certified products
3 18 from which to choose in order to best fit the needs of the
3 19 user.

3 20 b. The system provides incentives for health care
3 21 professionals to utilize the health information technology and
3 22 provides rewards for any improvement in quality and efficiency
3 23 resulting from such utilization.

3 24 c. The system provides protocols to address critical
3 25 problems.

3 26 d. The system is financed by all who benefit from the
3 27 improved quality, efficiency, savings, and other benefits that
3 28 result from use of health information technology.

3 29 Sec. 3. NEW SECTION. 8.72 IOWA ELECTRONIC HEALTH
3 30 INFORMATION COMMISSION.

3 31 1. a. An electronic health information commission is
3 32 created as a public and private collaborative effort to
3 33 promote the adoption and use of health information technology
3 34 in this state in order to improve health care quality,
3 35 increase patient safety, reduce health care costs, enhance
4 1 public health, and empower individuals and health care
4 2 professionals with comprehensive, real-time medical
4 3 information to provide continuity of care and make the best
4 4 health care decisions. The commission shall provide oversight
4 5 for the development, implementation, and coordination of an
4 6 interoperable electronic health records system, telehealth
4 7 expansion efforts, the health information technology
4 8 infrastructure, and other health information technology
4 9 initiatives in this state.

4 10 b. All health information technology efforts shall
4 11 endeavor to represent the interests and meet the needs of
4 12 consumers and the health care sector, protect the privacy of
4 13 individuals and the confidentiality of individuals'
4 14 information, promote physician best practices, and make
4 15 information easily accessible to the appropriate parties. The
4 16 system developed shall be consumer-driven, flexible, and
4 17 expandable.

4 18 2. The commission shall consist of five individuals with
4 19 broad experience and vision in health care and health
4 20 technology, one member representing the health care consumer,
4 21 and one member representing the governor. The members shall
4 22 be appointed by the governor, subject to confirmation by the
4 23 senate. The governor's initial appointments shall be selected
4 24 from individuals nominated by the co-chairpersons of the
4 25 legislative commission on affordable health care plans for
4 26 small businesses and families established pursuant to 2007
4 27 Iowa Acts, chapter 218, section 127, in consultation with the
4 28 chairperson of the electronic health records workgroup as
4 29 established by the commission, subject to confirmation by the
4 30 senate.

4 31 3. a. The members shall select a chairperson, annually,

4 32 from among the membership, and shall serve terms of three
4 33 years beginning and ending as provided in section 69.19.
4 34 Member appointments shall comply with sections 69.16 and
4 35 69.16A. Vacancies shall be filled by the original appointing
5 1 authority and in the manner of the original appointments.
5 2 Members shall receive reimbursement for actual expenses
5 3 incurred while serving in their official capacity and may also
5 4 be eligible to receive compensation as provided in section
5 5 7E.6. A person appointed to fill a vacancy for a member shall
5 6 serve only for the unexpired portion of the term. A member is
5 7 eligible for reappointment for two successive terms.
5 8 b. The commission shall meet at least quarterly and at the
5 9 call of the chairperson. A majority of the members of the
5 10 commission constitutes a quorum. Any action taken by the
5 11 commission must be adopted by the affirmative vote of a
5 12 majority of its membership.
5 13 c. The commission is located for administrative purposes
5 14 within the department of management. The department shall
5 15 provide office space, staff assistance, administrative
5 16 support, and necessary supplies and equipment for the
5 17 commission.
5 18 4. The commission shall do all of the following:
5 19 a. Establish an advisory council which shall consist of
5 20 the representatives of entities involved in the electronic
5 21 health records system task force established pursuant to
5 22 section 217.41A, Code 2007, and may include any other members
5 23 the commission determines necessary to assist in the
5 24 commission's duties including but not limited to consumers and
5 25 consumer advocacy organizations; physicians and health care
5 26 professionals; leadership of community hospitals and major
5 27 integrated health care delivery networks; state agencies
5 28 including the department of public health, the department of
5 29 human services, the department of elder affairs, the division
5 30 of insurance of the department of commerce, and the office of
5 31 the attorney general; health plans and health insurers; legal
5 32 experts; academics and ethicists; business leaders; and
5 33 professional associations. Public members of the advisory
5 34 council shall receive reimbursement for actual expenses
5 35 incurred while serving in their official capacity only if they
6 1 are not eligible for reimbursement by the organization that
6 2 they represent. Any legislative members shall be reimbursed
6 3 for actual and necessary expenses incurred in the performance
6 4 of their duties, and shall be paid the per diem specified in
6 5 section 2.10, subsection 5, for each day in which engaged in
6 6 the performance of their duties.
6 7 b. Adopt a statewide health information technology plan by
6 8 January 1, 2009. Standards and policies developed for the
6 9 plan shall promote and be consistent with national standards
6 10 developed by the office of the national coordinator for health
6 11 information technology of the United States department of
6 12 health and human services and shall address or provide for all
6 13 of the following:
6 14 (1) The effective, efficient, statewide use of electronic
6 15 health information in patient care, health care policymaking,
6 16 clinical research, health care financing, and continuous
6 17 quality improvement. The commission shall adopt requirements
6 18 for interoperable electronic health records in this state
6 19 including a recognized interoperability standard.
6 20 (2) Education of the public and health care sector about
6 21 the value of health information technology in improving
6 22 patient care, and methods to promote increased support and
6 23 collaboration of state and local public health agencies,
6 24 health care professionals, and consumers in health information
6 25 technology initiatives.
6 26 (3) Standards for the exchange of health care information
6 27 and interoperable electronic health records.
6 28 (4) Policies relating to the protection of privacy of
6 29 patients and the security and confidentiality of patient
6 30 information.
6 31 (5) Policies relating to information ownership.
6 32 (6) Policies relating to governance of the various facets
6 33 of the health information technology system.
6 34 (7) A single patient identifier or other mechanism to
6 35 share secure patient information. If no alternative is
7 1 determined, all health care professionals shall utilize the
7 2 mechanism selected by the commission method by January 1,
7 3 2010.
7 4 (8) A standard continuity of care record and other issues
7 5 related to the content of electronic transmissions. All
7 6 health care professionals shall utilize the standard
7 7 continuity of care record by January 1, 2010.

7 8 (9) Requirements for electronic prescribing.
7 9 (10) Economic incentives and support to facilitate
7 10 participation in an interoperable system by health care
7 11 professionals.
7 12 c. Identify existing and potential health information
7 13 technology efforts in this state, regionally, and nationally,
7 14 and integrate existing efforts to avoid incompatibility
7 15 between efforts and avoid duplication.
7 16 d. Coordinate public and private efforts to provide the
7 17 network backbone infrastructure for the health information
7 18 technology system. In coordinating these efforts, the
7 19 commission shall do all of the following:
7 20 (1) Adopt policies to effectuate the logical cost
7 21 effective usage of and access to the state-owned network, and
7 22 support of telecommunication carrier products, where
7 23 applicable.
7 24 (2) Complete a memorandum of understanding by January 1,
7 25 2009, with the Iowa communications network for governmental
7 26 access usage, with private fiber optic networks for core
7 27 backbone usage of private fiber optic networks, and with any
7 28 other communications entity for state-subsidized usage of the
7 29 communications entity's products to access any backbone
7 30 network.
7 31 (3) Establish protocols to ensure compliance with any
7 32 applicable federal standards.
7 33 (4) Determine costs for accessing the network at a level
7 34 that provides sufficient funding for the network.
7 35 e. Promote the use of telemedicine.
8 1 (1) Examine existing barriers to the use of telemedicine
8 2 and make recommendations for eliminating these barriers.
8 3 (2) Examine the most efficient and effective systems of
8 4 technology for use and make recommendations based on the
8 5 findings.
8 6 f. Address the workforce needs generated by increased use
8 7 of health information technology.
8 8 g. Adopt rules in accordance with chapter 17A to implement
8 9 all aspects of the statewide plan and the network.
8 10 h. Coordinate, monitor, and evaluate the adoption, use,
8 11 interoperability, and efficiencies of the various facets of
8 12 health information technology in this state.
8 13 i. Seek and apply for any federal or private funding to
8 14 assist in the implementation and support of the health
8 15 information technology system and make recommendations for
8 16 funding mechanisms for the ongoing development and maintenance
8 17 costs of the health information technology system.
8 18 j. Identify state laws and rules that present barriers to
8 19 the development of the health information technology system
8 20 and recommend any changes to the governor and the general
8 21 assembly.

8 22 Sec. 4. Section 217.41A, Code 2007, is repealed.

8 23 EXPLANATION

8 24 This bill creates a health information technology system.
8 25 The bill provides definitions, principles, and goals for the
8 26 system. The bill creates an electronic health information
8 27 commission as a public and private collaborative effort and
8 28 directs the commission to establish an advisory council to
8 29 assist the commission in its duties; to adopt a statewide
8 30 health information technology plan by January 1, 2009; to
8 31 identify existing efforts and integrate these efforts to avoid
8 32 incompatibility and duplication; to coordinate public and
8 33 private efforts to provide the network backbone; to promote
8 34 the use of telemedicine; to address the workforce needs
8 35 generated by increased use of health information technology;
9 1 to adopt necessary rules; to coordinate, monitor, and evaluate
9 2 the adoption, use, interoperability, and efficiencies of the
9 3 various facets of health information technology in the state;
9 4 to seek and apply for federal or private funding to assist in
9 5 implementing the system; and to identify state laws and rules
9 6 that present barriers to the development of the health
9 7 information technology system in the state.

9 8 The bill requires that by January 1, 2010, if no
9 9 alternative method is determined, all health care
9 10 professionals shall utilize the mechanism selected by the
9 11 commission and the continuity of care record specified by the
9 12 commission.